

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		10-14-99
O.I.P.E. CLASSIFIER	MT	59	10-18-99
FORMALITY REVIEW	YC	70017	10-21-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	3/17/07
2	3/17/07
3	3/17/07
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50	3/17/07

Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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